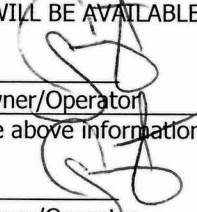
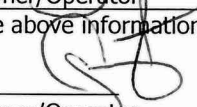


USEPA  
290 BROADWAY  
NY NY  
**NOTIFICATION OF DEMOLITION AND RENOVATION**  
**PAL JOB # 11-1104**

<b>Operator Project #</b>	<b>Postmark</b>	<b>Date Received</b>	<b>Notification #</b> <span style="color: green; font-family: cursive;">204332</span>	
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled) <b>O</b>				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
<b>OWNER NAME: SUNY Purchase</b>				
Address: 735 Anderson Hill Road				
City: Purchase		State: NY		Zip: 10577
Contact Name: Richard Brown		Telephone: 518-320-3204		
<b>REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services</b>				
Address: 11-02 Queens Plaza South				
City: Long Island City		State: NY		Zip: 11101
Contact Name: Aric Domezick		Telephone: 718-349-0900		
<b>OTHER CONTRACTOR:</b>				
Address:				
City:		State:		Zip:
Contact Name:		Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): <b>R</b>				
IS ASBESTOS PRESENT? (YES NO) <b>YES</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: <b>SUNY Purchase</b>				
Address: <b>735 Anderson Hill Road</b>				
City: <b>Purchase</b>		State: <b>NY</b>		Zip: <b>10577</b>
Site Location: <b>Ground Floor</b>				
Building Size: <b>20,000 SF</b>		# of Floors: <b>3</b>		Age in Years: <b>40</b>
Present Use: <b>Library</b>		Prior Use: <b>Library</b>		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy				
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Pipe Insulation				Linear Feet:      Ln M:
Surface Area ( <b>VAT, Vapor Barrier, Glazing</b> )	<b>5,160</b>			Square Feet: <b>X</b> Square Meter:
Volume RACM off Facility Component				CuFt:      Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		<b>Start: 08/01/11</b>		<b>Complete: 06/15/12</b>
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:			
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.			
<b>WASTE TRANSPORTER #1</b>			
Name: Tri State Transfer			
Address: 1199 Randall Avenue			
City: Bronx	State: New York	Zip: 10474	
Contact Name: Jimmy Byrne		Telephone: 718-617-0771	
<b>WASTE TRANSPORTER #2</b>			
Name: Asbestos Transportation Co.			
Address: 2 Moriches Middles Island Rd.			
City: Shirley	State: New York	Zip: 11967	
Contact Name: Gary Creety		Telephone: 631-924-5050	
<b>WASTE TRANSPORTER #3</b>			
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services			
Location: 11-02 Queens Plaza South			
City: Long Island City	State: New York	Zip: 11101	
Telephone: 718-349-0900			
<b>Disposal Facility</b>			
Name: Minerva Enterprises			
Location: 9000 Minerva Road, SE		Telephone: 330-866-3435	
City: Waynesburg	State: OH	Zip: 44688	
<b>FOR EMERGENCY RENOVATIONS</b>			
Date and Hour of Emergency (mm/dd./yy)			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)			
 Signature of Owner/Operator		<u>6/20/2011</u> Date	
I certify that the above information is correct			
 Signature of Owner/Operator		<u>6/20/2011</u> Date	